



## Coronary Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M/ F

Tobacco Usage: \_\_\_\_\_ Face Amount: \_\_\_\_\_

State of Residence: \_\_\_\_\_

\_\_\_Term 10 15 20 30 \_\_\_UL

1. Has the proposed insured had any of the following? (Check all that apply)

\_\_\_ Chest Pain Dates: \_\_\_\_\_

\_\_\_ Heart attack Dates: \_\_\_\_\_

\_\_\_ Bypass surgery Dates: \_\_\_\_\_ How many vessels: \_\_\_\_\_

\_\_\_ Angioplasty Dates: \_\_\_\_\_ How many vessels: \_\_\_\_\_

\_\_\_ Atherectomy Dates: \_\_\_\_\_ How many vessels: \_\_\_\_\_

\_\_\_ Stents Dates: \_\_\_\_\_ How many: \_\_\_\_\_

\_\_\_ Heart Valve disease \_\_\_ Abnormal heart rhythm or pulse \_\_\_ Abnormal EKG

\_\_\_ Heart Murmur \_\_\_ Atrial fibrillation

2. Has surgery been done or is expected for any of the above? \_\_\_Yes \_\_\_No

(If yes, please provide details and dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have any of the following tests been completed: (Check all that apply)

\_\_\_ Thallium Stress ECG Date: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_ Echocardiogram Date: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_ Angiography Date: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_ Stress Echocardiogram Date: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_ Chest X-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

4. If the proposed insured had Angina, heart attack, angioplasty, or bypass, have they had a follow-up stress EKG? \_\_\_Yes (results were normal) \_\_\_No

\_\_\_Yes (results were abnormal) Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the proposed insured had any chest discomfort since the heart attack, angioplasty, or bypass?

\_\_\_Yes \_\_\_No (If yes, please provide details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the proposed insured taking any medication? \_\_\_Yes \_\_\_No

(If yes, please provide name, dosage, and frequency): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_